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PATENT
Attorney Docket No.: SALK1470-2
(088802-1852)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Evans et al.

Application No.: 09/155,252

Confirmation No.: 8370

Filing Date: September 21, 1998

For: METHOD OF TESTING COMPOUNDS
FOR REGULATION OF TRANSCRIPTION
OF PEROXISOME PROLIFERATOR
ACTIVATED RECEPTOR-GAMMA (as
amended)

Group Art Unit: 1647

Examiner: B. Bunner

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December 11, 2002
Date

Commissioner for Patents
Washington, D.C. 20231
BOX NON-FEE AMENDMENT

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Further to the Request for Continued Examination filed by facsimile on October 25, 2002, please consider the following amendments and remarks prior to examination of the application.

In the claims:

Please add new claims 36-45 as follows:

FOLEY LARDNER

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MESSAGE:

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Re: Application Serial No. 09/155,252

Following are:

Amendment Transmittal (2 pgs.);

Supplemental Preliminary Amendment (22 pgs.).

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Atty. Dkt. No. SALK1470-2
(088802-1852)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Evans and Forman

Title: METHOD OF TESTING
COMPOUNDS FOR REGULATION
OF TRANSCRIPTION OF
PEROXISOME PROLIFERATOR
ACTIVATED RECEPTOR-GAMMA
(as amended)

Appl. No.: 09/155,252

Filing Date: 09/21/1998

Examiner: B. Bunner

Art Unit: 1647

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<u>December 11, 2002</u> (Date of Deposit)	

AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Applicants claims small entity status under 37 CFR 1.27.

[] Small Entity statement is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	24	26	0	x \$18.00	\$0.00
Independents:	3	4	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

Atty. Dkt. No. SALK1470-2
(088802-1852)

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
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<input type="checkbox"/> Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- ☐ Please charge Deposit Account No. 50-0872 in the amount of \$ _____. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: December 11, 2002

By



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